

HAND
DELIVERED

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UNITED STATES HOUSE OF REPRESENTATIVES
2018 FINANCIAL DISCLOSURE STATEMENT

Form A
For Use by Members, Officers, and Employees

2019 JUN 13 FILED
(Office Use Only)

Name: Gwen S. Moore Daytime Telephone: 202-225-4522

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

HC

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>W. Virginia</u>	Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable) <input type="checkbox"/> Shared <input checked="" type="checkbox"/> Principal Assistant
REPORT TYPE	<input checked="" type="checkbox"/> 2018 Annual (Due: May 15, 2019)	<input type="checkbox"/> Amendment	<input type="checkbox"/> Termination	Date of Termination:	

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

- A. Did you, your spouse, or your dependent child:
 a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Yes No
 b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? Yes No
- B. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period? Yes No
- C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? Yes No
- D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes No
- E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes No
- F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes No
- G. Did you, your spouse, or your dependent child receive any reportable gift(s) totaling more than \$390 in value from a single source during the reporting period? Yes No
- H. Did you, your spouse, or your dependent child receive any reportable travel or reimbursements for travel totaling more than \$390 in value from a single source during the reporting period? Yes No
- I. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article during the reporting period? Yes No

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

- IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance. Yes No
- TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "exempted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? Yes No
- EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Gwen Moore

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SCHEDULE C – EARNED INCOME

Name: Gwen S. Moore Page 3 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honorarium; list only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS AND PROHIBITED INCOME: The 2019 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, directors' fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

State of Wisconsin

Source (include date of receipt for honoraria)	Type	Amount
Kenne State	Approved Teaching Fee	\$26,000
State of Maryland	Legislative Pension	\$18,000
City of New Rochelle (Dec. 2)	Speaker Speech	\$1,000
Ontario County Board of Education	Speaker Salary	N/A
State of Wisconsin	Legislative Pension	\$20,004.00

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name:	Gwen S. Moore
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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

Statement of Financial Condition											
As of December 31, 2000											
Form 1005-100, Rev. 10-94, DCP, DC, DE, MD, VA, NC, GA, HI, PR, GU, VI											
SP DC, PR	Creditor	Date Liability Incurred MOYR	Type of Liability	A	B	C	D	E	F	G	H
Example	First Bank of Wilmington, DE	5/16	Mortgage on Residential Property, Dover, DE	\$10,001-\$15,000							
				\$15,001-\$50,000							
				\$50,001-\$100,000							
				\$100,001-\$250,000	X						
				\$250,001-\$500,000							
				\$500,001-\$1,000,000							
				\$1,000,001-\$5,000,000							
				\$5,000,001-\$25,000,000							
				\$25,000,001-\$50,000,000							
				Over \$50,000,000							
				Over \$1,000,000* (Spouse/DC Liability)							

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, consultant or any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Given S. Moore Page 5 of 6

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
7/1989	State of Wisconsin Retirement Plan	Review Requirements Determined by State Retirement

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totaling more than \$350 received by you, your spouse, or your dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$350 disclosure threshold. **Note:** The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior disqualification of personal friendship received from the Committee on Ethics)	\$400

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: Stephen S. Moore

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Use additional sheets if more space is required.